

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DEVICE FOR SPRAYING WATER IN  
THE FORM OF A THIN-WALLED  
HOLLOW JET FOR THE FORMATION OF  
ARTIFICIAL SNOW  
Attorney Docket Number:: 0510-1074  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 5 and 14  
Total Drawing Sheets:: 8  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: GALVIN  
City of Residence:: CARQUEFOU  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4 RUE ATHENA

City of Mailing Address:: CARQUEFOU  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 44470

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: DAVID  
City of Residence:: TREILLIERES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 5 IMPASSE PIERRE DE RONSARD

City of Mailing Address:: TREILLIERES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44119

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: PERGAY  
City of Residence:: FRANCHEVILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 10 ALLEE DU GAMAY  
  
City of Mailing Address:: FRANCHEVILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 69340

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0209720	7/31/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::